



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 3/6/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Occupational therapy for the left long finger 2 times a week x6 weeks, totaling 12 sessions.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER  
HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Plastic Surgeon/Hand Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)  
☒ Overturned (Disagree)  
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY:**

The patient is a male with a reported injury on xx/xx/xx. The patient suffered an open fracture to the middle phalanx of the left long finger while at work, when a cage lid crushed the left hand which resulted the injury of the left long finger.

His diagnosis included fracture of the middle phalanx with open wound. It appears, he was taken to surgery for reconstructions of the left long finger on the same day of injury, 08/12/2014. Since that time, he has had 12 visits of occupational therapy and progress note dated 10/24/2014 revealed no improvement in the patient's left long finger upon initiation of occupation therapy.

There was a follow-up on 12/22/2014. The patient reported slow improvement in the range of motion of the left long finger with therapy. However, objective findings revealed little range of motion of the DIP and PIP joints. Per report, there was evidence of minimal passive range of motion and no active range of motion in interphalangeal joints. There is a request for additional occupational therapy 2 times a week x6 weeks, totalling 12 sessions. This has been denied secondary to official disability guidelines recommending 16 visits of postsurgical treatment for a fracture of one more phalanges of the hand.



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### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Per official disability guidelines, additional visits can be necessary if there are exceptional factors provided to justify the extended therapy on the guideline. Analysis and explanation of the decision including clinical biopsy findings and conclusions support the decisions. Based on the clinical documents provided, it appears that the patient has exceptional factors that justify the extended therapy beyond the guideline.

The patient had an open fracture of the middle phalanx of the left long finger. This is one of the most difficult fractures to reduce, stabilize, and unite and requires a terminus amount of time for fracture union and it appears from this medical record that approximately 2 months were required. With 2 months of immobilization, the MCP, PIP, and DIP joints become extremely stiff as noted in this patient by very little passive range of motion and no active range of motion. When this occurs, all attempts at conservative management, which includes occupational therapy are warranted and necessary and indicated prior to tenolysis and capsulotomies, which required operative procedures.

Based on the clinical documentation, the patient has very little motion, passive nor active and requires additional occupational therapy 2 times a week x6 weeks totaling 12 sessions. A description in the sources screening criteria or other clinical basis used to make the decision. Medical judgment, clinical experience, and expertise in accordance with accepted medical standard and standard of care

Medical necessity exists for occupational therapy to the left long finger, 2 times a week x6 weeks, totaling 12 sessions. Thus, the outcome is overturned.



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### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)